

$1 \times 38 = 38$
 $5 \times 20 = 100$
 138
 153

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **10 / 5395 04**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14		1				
15						
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		5				
23		5				
24		5				
25		5				
26		5				
27		5				
28		5				
29		5				
30		5				
31		5				
32		5				
33		5				
34		5				
35		5				
36		5				
37		5				
38		5				
39		5				
40		5				
41		5				
42	1	(1)				
43		(1)				
44		(1)				
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54	1					
55	1					
56	1					
57	1					
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66	1					
67	1					
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74						
75						
76						
77						
78						
79						
80						
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82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	138	←		←		←
TOTAL CLAIMS	153					